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APPLICANTS

Shadi Mere, Ypsilanti, MI;
 Douglas Allen Pfau, Canton, MI;

** CONTINUING DATA ***** *OR MF*

** FOREIGN APPLICATIONS ***** *OR MF*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS <i>23 19</i>	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *MF*

ADDRESS
 29074
 VISTEON
 C/O BRINKS HOFER GILSON & LIONE
 PO BOX 10395
 CHICAGO , IL
 60610

TITLE
 Knob assembly

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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